

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. 10/726367  
APPLICANT(S)

FILING DATE

| CLAIMS       |          |     |                     |     |                     |     |
|--------------|----------|-----|---------------------|-----|---------------------|-----|
|              | AS FILED |     | AFTER 1ST AMENDMENT |     | AFTER 2ND AMENDMENT |     |
|              | IND      | DEP | IND                 | DEP | IND                 | DEP |
| 1            |          |     |                     |     |                     |     |
| 2            |          |     |                     |     |                     |     |
| 3            |          |     |                     |     |                     |     |
| 4            |          |     |                     |     |                     |     |
| 5            |          |     |                     |     |                     |     |
| 6            |          |     |                     |     |                     |     |
| 7            |          |     |                     |     |                     |     |
| 8            |          |     |                     |     |                     |     |
| 9            |          |     |                     |     |                     |     |
| 10           |          |     |                     |     |                     |     |
| 11           |          |     |                     |     |                     |     |
| 12           |          |     |                     |     |                     |     |
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| 48           |          |     |                     |     |                     |     |
| 49           |          |     |                     |     |                     |     |
| 50           |          |     |                     |     |                     |     |
| TOTAL IND.   |          |     |                     |     |                     |     |
| TOTAL DEP.   |          |     |                     |     |                     |     |
| TOTAL CLAIMS |          |     |                     |     |                     |     |

  

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| 51           |  |  |  |  |  |  |
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| 97           |  |  |  |  |  |  |
| 98           |  |  |  |  |  |  |
| 99           |  |  |  |  |  |  |
| 100          |  |  |  |  |  |  |
| TOTAL IND.   |  |  |  |  |  |  |
| TOTAL DEP.   |  |  |  |  |  |  |
| TOTAL CLAIMS |  |  |  |  |  |  |